

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Madison</u>	Facility Type: <u>Assisted Living</u>		Facility Name: <u>Mars Hill Retirement</u>	
	Adult Care Home	Family Care Home		
	Combination Home	Nursing Home		
Visit Date: <u>3/24/15</u>	Time Spent In Facility: <u>1</u> hr <u></u> min	Arrival Time: <u>12:30</u> am <u>X</u> pm		
Person Exit Interview was held with: <u>Rick Pridgen</u>		Interview was held	In Person or Phone (Circle)	

Adm. <u>X</u>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
Committee Members Present: <u>Van Franklin, Nan Wise, Katie Webb, Sue Vilcen Ras, Barbara Rice</u>		Report Completed by: <u>Barbara Rice</u>

Number of Residents who received personal visits from committee members: 3

Resident Rights information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <u>Admin sheet 105 last visit</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>I'm Pleased with Rooms and Staff</u>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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11. Did residents feel their living areas were too noisy?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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12. Does the facility accommodate smokers?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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13. No call bells due to assisted living. Residents have wrist and neck calls to CNA's, if needed.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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15. Observed Residents checking Activity board and waiting for Bingo.

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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16. Assisted living residents and families are in charge of finances & to private pay.

16a. Can residents access their monthly needs funds at their convenience?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Residents stated food and dining room above average.

17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

1) House Keeping: Resident room carpet

2) Staffing: How many CNA's and RN's? Admin stated mandated 5 CNA's, 1 med tech and shower person for days, 4 CNA's for evenings, and 3 CNA's on nights. No RN on site but contracted and on call at all times.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

Administrator will assess need for Council change. Staff has helped to residents that use alert calls - Care levels are continually assessed, as needs increase.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.

Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.